

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004807

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 30

STATE FILE NUMBER

VS 300  
Rev. 4/59

1 1007

2 1007

3

4 2

5 2

6

7 1

8 0

9 4200A

10

11

12 90-0

13 2-0

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 31 1963

1. PLACE OF DEATH

a. COUNTY

Scott

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Sikeston

Length of stay in 1b

23 rt

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Scott

c. CITY

OR  
TOWN

Sikeston

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Westgate

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

John

Oscar

Dangler

4. DATE  
OF  
DEATH

Month

Day

Year

January

26,

1963

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

5, 26, 07

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months

Days

Hours

Min.

8

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

XXXXXX

10b. KIND OF BUSINESS OR INDUSTRY

Carpenter

11. BIRTHPLACE (City and state or country)

Arkansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Dallas Dangler

13b. MOTHER'S MAIDEN NAME

Catherine Robinson

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

XXXXXX

16. SOCIAL SECURITY NO.

05

17. INFORMANT

Helen Dangler

Address

Sikeston, Mo.

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY  
IMMEDIATE CAUSE (a)

Immediate Cause (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Unknown - History of Tuberculosis

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 26, 1963 to Jan. 26, 1963 and last saw her alive on never  
Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Thomas

Degree or Title

M.D.

22b. ADDRESS

Sikeston, Mo.

22c. DATE SIGNED

1-29-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

2, 3, 1963

23c. NAME OF CEMETERY OR CREMATORY

Smith West End Court

23d. LOCATION (City, town, or county)

West of Sikeston, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Smith Funeral Home Sikeston, Mo

25. DATE RECD. BY LOCAL REG.

Jan. 30 - 1963

26. REGISTRAR'S SIGNATURE

Jeanette Waldman

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Fred J. Smith*

Licensed Embalmer No. *4408*

P. O. Address

*Sikeston Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit*